

**Annex-I****Application Form****Application for Engagement as Part-Time Medical Consultant (MC) in the Bank on Contract Basis with Fixed Hourly Remuneration****Reserve Bank of India, Mumbai Office**

Affix recent Self-
Attested Passport
size photograph

1	Name in full Shri/Smt./Kum. (to be given in block letters, Surname to be stated first)		
2	Father/Husband's Name:		
3	(a) Address	Residence:	
		Dispensary:	
	(b) Phone No.	Landline:	Mobile:
	(c) Email ID		



4. Approximate distance from the Bank's Dispensary located at:

Sr. No.	Address of the Dispensary	Distance (in Km) from	
		Applicant's Residence	Dispensary /Hospital where the applicant is currently working
i	Amar Building & MOB Dispensary, Reserve Bank of India, Mumbai Regional Office, Amar Building, Fort, Mumbai - 400001		
ii	Bank House Quarters Dispensary, Bank House Quarters, Backbay Reclamation, Near Mantralaya, Mumbai – 400020		
iii	Bhandup Dispensary, Bhandup (East), Mumbai – 400 080		
iv	Dahisar Quarters Dispensary, RBI Staff Quarters, Kandarpada Dahisar(W), Mumbai-400068		
v	Dhanastra Quarters Dispensary, RBI Officers' Quarters Dhanastra, N P Marg, Colaba, Mumbai-400005		
vi	Malad Raheja Quarters Dispensary, RBI Staff Quarters, Raheja Township Jeetendra Road, Malad (E), Mumbai-400097		
vii	Malad Tapovan Quarters Dispensary, Tapovan, RBI Officers Quarters, Pathanwadi, Malad(E), Mumbai-400097		
viii	NCOB Dispensary, Reserve Bank of India, Central Office Building, Shahid Bhagat Singh Road, Mumbai -400 001.		
ix	Sun Plazzo Quarters Dispensary, RBI Officers Quarters, Sun Plazzo, Matulya Compound, S. B. Marg Lower Parel, Mumbai - 400013		
x	Tardeo Quarters Dispensary, Tardeo Officer's Quarters, Opp. A.C. Market, Tardeo Road, Mumbai – 400034		
xi	Varada Quarters & CAFRAL Dispensary, Varada Officer's Quarters Dispensary, Veer Savarkar Marg, Near BTC, Dadar, Mumbai – 400028		



5	Date of Birth in DD-MM-YYYY format and age as on May 01, 2025	Date of birth: <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>				D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y						
		Age: <table border="1"><tr><td></td></tr></table> years <table border="1"><tr><td></td></tr></table> months <table border="1"><tr><td></td></tr></table> days											
6	Place of Birth and Domicile												
7	Nationality												
8	Category-Tick (✓) the appropriate box	ST	OBC	EWS	General (UR)								
9	Educational Qualifications												
Sr. No.	Degree/ Diploma	University/ Board	Year of Passing	Percentage									
10	Particulars of any other course in medicine completed by the applicant												
	Course Name	Institute	Year of Completion										
11	Details of experience (Only Experience gained after graduation should be stated)												
Sr. No.	Experience	From	To	Period									
				Years	Months								
(a)	In Hospital (As a Physician)												



(b)	As General Practitioner				
12	Any other factors which the applicant would like to bring into account for considering his/her application				

I hereby declare that the information and particulars given by me in this form are true and correct. I understand that if at any stage, it is found that any information given in this application is false/ incorrect or that I do not satisfy the eligibility criteria according to the Bank, my candidature/ appointment is liable to be cancelled/ terminated without notice or compensation in lieu of notice. I have read and understand the stipulations given in the advertisement and hereby undertake to abide by them.

(Signature of the applicant)

Place:

Date: